

BRIAN SANDOVAL  
Governor

RICHARD WHITLEY, MS  
Director

STATE OF NEVADA



CODY PHINNEY, MPH  
Administrator

LEON RAVIN, MD  
Acting Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
MEDICAL MARIJUANA PROGRAM

4150 Technology Way, Suite 106  
Carson City, NV. 89706  
Telephone: (775) 684-3487 Fax: (775) 684-3213

**Request to Dispense Edible Medical Marijuana Products**

Requests are to be submitted via email to:

[jchittenden@health.nv.gov](mailto:jchittenden@health.nv.gov) - South  
[marilyngray@health.nv.gov](mailto:marilyngray@health.nv.gov) - North

Date: \_\_\_\_\_ MME ID Number(4-character): \_\_\_\_\_

**Requestor Information**

Dispensary Name: \_\_\_\_\_

Dispensary Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Requesting: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Information**

Proposed Supplier(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The establishment must ensure that all edible marijuana products are sold or dispensed according to the applicable requirements set forth in NRS 453A.360. The establishment may only distribute edible medical marijuana products obtained from a production establishment with final certification from the Division. The establishment must maintain this authorization letter at the dispensary at all times for review upon request.

**Internal Use Only:**

APPROVED FOR Distribution      Y      N      (circle one)

\_\_\_\_\_  
Medical Marijuana Program Representative  
Division of Public and Behavioral Health

\_\_\_\_\_  
Date

NOTES: